

DECLARATION AND POWER OF ATTORNEY- USA PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled VAGINAL SPECULUM AND PROCEDURE; the specification of which was filed on October 16, 2001 as Application Serial No. 10/053014.

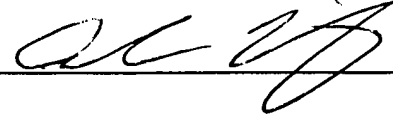
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above;

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56;

POWER OF ATTORNEY: I hereby appoint the registrants of Knobbe, Martens, Olson & Bear, LLP, 620 Newport Center Drive, Sixteenth Floor, Newport Beach, California 92660, Telephone (949) 760-0404, **Customer No. 20,995.**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful, false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of First inventor: **Andrew A. Frumovitz**

Inventor's signature 

Date 3/5/02

Residence: **30 Galleon Street, Marina del Rey, CA 90292**

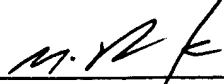
Citizenship: **United States**

Post Office Address: **same as above**



Full name of Second inventor: **Michael M. Frumovitz**

Inventor's signature



Date

3/7/02

Residence: **4021 Case Street, ^oHouston, Texas 77005**

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